

Bookings can also be made **ONLINE** and **EMAIL**. Please see **reverse** for details.

Please complete all parts of the Enrolment Form in **BLOCK CAPITALS**

Your Details



Title (Mr/Mrs/Ms/Miss) _____

Surname _____

First name(s) _____

Date of Birth / /

Address _____

_____ Post Code _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Please provide an email address you have access to during and outside office hours. All communications, including those relating to your online learning and resources, will be sent to this email address.

Email Address

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AAT Registration Number _____

Note: It is your responsibility to complete the AAT registration formalities and enter the AAT examinations.

Do you have any special needs/disability that may affect you in the event of a building evacuation whilst you are on HTFT premises?

Yes

No

(If yes, please arrive 15 minutes early to allow local site H&S officer to complete our assessments with you)

Your Employer's Details



Company Name _____

Company Registration Number _____

Training Manager's Name _____ (Mr/Mrs/Ms/Miss)

Training Manager's Tel. Number _____


Training Manager's Email Address

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Work Address _____

_____ Post Code _____

Your Signature



I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpartnership.co.uk

Your Signature _____


Date _____

DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and attendance unless your sponsor chooses not to receive this information

MARKETING POLICY – From time to time we would like to contact you with course information, news and offers which we think you might find useful. If you would prefer not to receive these please tick here

EXAM RESULTS – Within the terms of this agreement you agree to HTFT obtaining your exam results from AAT. If you do not wish the AAT to share your results with us tick here

Payment Option 1: Your Employer is Sponsoring You



If you wish to submit a manual enrolment form and the employer is responsible for the payment of fees, please complete the following:

As employer of the student for whom this form is completed, we are responsible for payment of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HTFT Partnership have been granted in respect of the student and undertake to inform you in writing promptly of any change to this arrangement. We understand that we are fully responsible for the payment of amounts due to HTFT Partnership in all circumstances (including termination of employment or course cancellation). We confirm that we have read, understood and accept the terms and conditions and Policies (as defined below) detailed on www.htftpartnership.co.uk

Employer Signature _____ Name _____

Purchase Order Number _____ HTFT Customer No.

H	T	F	T
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Invoice Address (if different to work address above) _____ Contact Name _____

_____ Post Code _____

		Exam fee	
PBKT	Processing Bookkeeping Transactions	£57.00	<input type="checkbox"/>
CJBS	Control Accounts, Journals and the Banking System	£57.00	<input type="checkbox"/>
BCST	Basic Costing	£57.00	<input type="checkbox"/>
CPAG	Computerised Accounting	HTFT student £57.00 Non-HTFT student £107.00 (inc marking)	<input type="checkbox"/> <input type="checkbox"/>
WKAF	Work Effectively in Accounting and Finance	£57.00	<input type="checkbox"/>
ACPR Accounts Preparation			
ACPR	Accounts Preparation	£60.00	<input type="checkbox"/>
FTSP	Prepare Final Accounts for Sole Traders & Partnerships	£60.00	<input type="checkbox"/>
CSTR	Costs and Revenues	£60.00	<input type="checkbox"/>
ITAX	Indirect Tax	£60.00	<input type="checkbox"/>
PETH	Professional Ethics	HTFT student £60.00 Non-HTFT student £110.00 (inc marking)	<input type="checkbox"/> <input type="checkbox"/>
SDST	Spreadsheet Software	HTFT student £60.00 Non-HTFT student £110.00 (inc marking)	<input type="checkbox"/> <input type="checkbox"/>
FSTP Financial statements			
FSTP	Financial statements	£70.00	<input type="checkbox"/>
BDGT	Budgeting	£70.00	<input type="checkbox"/>
FPFM	Financial Performance	£70.00	<input type="checkbox"/>
PTAX	Personal Tax	£70.00	<input type="checkbox"/>
BTAX	Business Tax	£70.00	<input type="checkbox"/>
EXTA	External Auditing	£70.00	<input type="checkbox"/>
CSHM	Cash Management	£70.00	<input type="checkbox"/>
CRDC	Credit Control	£70.00	<input type="checkbox"/>

Total cost

£ _____

Exam date

Please enter date you wish to sit your exam on

Payment Option 2: Cheque / Online



I enclose a cheque for £ _____ made payable to **HTFT Partnership Limited**

Bank transfer for £ _____

Bank Name: HSBC Bank account name: HTFT

Bank address: 34 Popular Road, Solihull, West Midlands, B91 3AF

Sort code 40-42-12

A/C number 52338777 (Include your AAT ID number as a reference)

I would like to pay by debit/credit card (HTFT will invoice you for £ _____)